



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

CERTIFICATE OF MAILING

I hereby certify that this AMENDMENT and the documents referred to as enclosed therein are being deposited with the United States Postal Service on the date indicated below with sufficient postage as First Class Mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Ariel Fletcher
Ariel Fletcher

8/9/2005
Date of Deposit

Applicant: Sherman)	
)	
Serial No.: 09/277,064)	Group Art Unit: 1642
)	
Filed: March 26, 1999)	Confirmation No.: 3058
)	
Title: IN VIVO ACTIVATION OF)	Examiner: M. Davis
TUMOR-SPECIFIC CYTOTOXIC)	
T CELLS)	Our Ref.: TSRI 433.1 D1
)	

RESPONSE AND AMENDMENT AFTER FINAL

MAIL STOP AF

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This Response and Amendment is being filed in response to the Office Action mailed on February 9, 2005 issued in association with the above-captioned application. Enclosed is a Notice of Appeal and a check in the amount of \$500.00. Also enclosed is a Petition for a three month extension of time and a check in the amount of \$1,020.00 to cover the cost of that Petition. Please amend the above-identified application as follows:

08/17/2005 6DUCKETT 00000002 190962 09277064
01 FC:1202 250.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

09/27/064

BEST AVAILABLE COPY

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	5 minus 20 = *	
INDEPENDENT CLAIMS	1 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 16 Minus ** 20 =		
Independent	* 1 Minus *** 3 =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 25 Minus ** 20 = 5		
Independent	* 2 Minus *** 3 =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus ** =		
Independent	* Minus *** =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
	380.00			760.00
X\$ 9=			X\$18=	
X39=			X78=	
+130=			+260=	
TOTAL			TOTAL	760

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=			X\$18=	
X39=			X78=	
+130=			+260=	
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=			X\$18= 50	250
X39=			X78=	
+130=			+260=	
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	250

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=			X\$18=	
X39=			X78=	
+130=			+260=	
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	